

**RECEIVED**

DHSS Breath Alcohol Program

By Carol Day at 3:41 pm, Nov 10, 2009



MISSOURI DEPARTMENT OF HEALTH  
STATE PUBLIC HEALTH LABORATORY  
**DATAMASTER MAINTENANCE REPORT**

Morgan Co. SO, Versailles

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN

**204158**

DATE OF INSPECTION

**11/10/2009**

LOCATION OF INSTRUMENT (STREET AND CITY)

2920 North Shamrock Road, Jefferson City

TIME OF INSPECTION

**13:10**

**CHECKLIST:** Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☒ **DIAGNOSTIC CHECK (PRINTOUT ATTACHED)**☒ **COMPUTER**☒ **DETECTOR**☒ **PROGRAM**☒ **FILTERS**☒ **HEATERS SAMPLE CHAMBER** +50°C☒ **QUARTZ STANDARD**☒ **FLOW DETECTOR**☒ **CALIBRATION**☒ **PUMP HIGH SPEED**☒ **PRINTER**☒ **INDICATOR LIGHTS**☒ **TIME AND DATE**☒ **SIMULATOR TEMPERATURE** (34 °C ± 0.2°C) +34.04°C☒ **CALIBRATION CHECK -**

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)

☒ **0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE**☐ **0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE****(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)**

TEST 1

.100

TEST 2

.101

TEST 3

.101

☒ **PERFORM R.F.I. TEST (PRINTOUT ATTACHED)**

☒ **NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)**

REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(Over .19)	0
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

Jumpered defective trace on power supply PC board supplying +5VDC analog supply for proper continuity. Confirmed proper voltage settings on power supply PC board, as well as voltages to sample chamber control PC board (flow rate voltage adjustments made).

RepCo Marketing, lot #09001, expiring 04/22/2011

**INSPECTING OFFICER**

SIGNATURE



PRINT NAME

Dewayne D. Carver

TYPE II PERMIT NUMBER/EXPIRATION DATE

920208

09/07/2011

TELEPHONE NUMBER

(573) 751-4722



# GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **09010** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.0482** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **January 6, 2010** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.04** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204158  
11/10/09  
13:10

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM (04-07-2009): OKAY  
HEATERS  
SAMPLE CHAMBER: 50c  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST  
!"#\$%&'()\*+,-./0123456789:;<=>?@AB CDEFG  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcdefg hijklmno  
pqrstuvwxyz{|}~

OPERATOR SIGNATURE

*Severine Carver*

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204158  
11/10/09

TESTING OFFICER:  
CARVER/DEWAYNE/D  
OFFICER I.D.: C41  
PERMIT NUMBER: 920208  
EXPIRATION DATE: 09/07/11  
MISCELLANEOUS DATA:  
.10 VAPOR CALIBRATION CHECK  
REPCO MKTG LOT 09001 EXP 4/22/2011

--- SUPERVISOR MODE ---

BLANK TEST	.000	13:12
INTERNAL STANDARD	VERIFIED	13:12
EXTERNAL STANDARD	.100	13:13
BLANK TEST	.000	13:14
EXTERNAL STANDARD	.101	13:14
BLANK TEST	.000	13:15
EXTERNAL STANDARD	.101	13:15
BLANK TEST	.000	13:16

N = 3  
SIN. = .1  
AVG. = .1006

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204158  
11/10/09

ARREST TIME: 00:00  
SUBJECT NAME:  
X  
DOB: 01/01/01 SEX: M  
STATE/D.L.: XX/X  
ARRESTING OFFICER:  
X  
OFFICER I.D.: X  
TESTING OFFICER:  
CARVER/DEWAYNE/D  
OFFICER I.D.: C41  
PERMIT NUMBER: 920208  
EXPIRATION DATE: 09/07/11  
MISCELLANEOUS DATA:  
RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	13:18
INTERNAL STANDARD	VERIFIED	13:18
SUBJECT SAMPLE	.000	13:18
RADIO INTERFERENCE		

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



DEWAYNE D CARVER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 09/07/09

Number 920208

Expires 09/07/2011

MO 580-0771 (7-88)

*Interim Director*

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)